

Individual Information Form

Personal Information

Name		SSN	Date of birth
Taxpayer			
Spouse			
Street address, city, state, and ZIP			
Occupation		Daytime phone	Evening phone
Taxpayer			
Spouse			
Taxpayer email			
Spouse email			

Married How did you hear about us?
 Married filing separately
 Head of Household
 Single
 Widow(er) If spouse died enter the date of death _____

Dependent Information

First and last name	SSN	Relationship	Months in home	Date of birth	Disabled	Full-time student

List dependents required to file a return _____

Notes

For Office Use Only

Client #:
 Added to SmartVault?
 Services Needed?
 Engagement Letter?